B22A (Official	10-32/42-GMB DOC 16 Form 22A) (Chapter 7) (04/10)	Document		Entered 08/31/10 16:24:31 age 1 of 7	Desc Main
In re Craig !	S. Puchalsky				
	Debtor(s)		Accor	ding to the information required to be ente	red on this statement
Case Number:	10-32742		(ch	eck one box as directed in Part I, III, or VI	of this statement):
	(If known)			☐ The presumption arises.	

## **AMENDED**

■ The presumption does not arise.

☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
lA	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7	) EXCLUSION	
	Marital/filing status. Check the box that applies and complete the balance of this part of this state	ment as directed.	
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.		
	b. Married, not filing jointly, with declaration of separate households. By checking this box, d	ebtor declares under	penalty of perjury:
2	"My spouse and I are legally separated under applicable non-bankruptcy law or my spouse an purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete of	a i are living apart c	ther than for the
	for Lines 3-11.		-
	c. $\square$ Married, not filing jointly, without the declaration of separate households set out in Line 2.1	above. Complete b	oth Column A
	("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.		
	d.		
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before	Column A	Column B
	the filing. If the amount of monthly income varied during the six months, you must divide the	Debtor's	Spouse's
	six-month total by six, and enter the result on the appropriate line.	Income	Income
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 15,000.00	\$
	Income from the operation of a business, profession or farm. Subtract Line b from Line a and		
	enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do		
	not enter a number less than zero. Do not include any part of the business expenses entered on		
4	Line b as a deduction in Part V.		
	a. Gross receipts Spouse \$ 0.00 \$		
	a. Gross receipts \$ 0.00 \$ b. Ordinary and necessary business expenses \$ 0.00 \$		
	c. Business income Subtract Line b from Line a	\$ 0.00	\$
	Rents and other real property income. Subtract Line b from Line a and enter the difference in		
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any		
5	part of the operating expenses entered on Line b as a deduction in Part V.  Debtor Spouse		
_	a. Gross receipts \$ 0.00 \$		
	b. Ordinary and necessary operating expenses \$ 0.00 \$		
	c. Rent and other real property income Subtract Line b from Line a	\$ 0.00	\$
6	Interest, dividends, and royalties.	\$ 0.00	\$
7	Pension and retirement income.	\$ 0.00	\$
	Any amounts paid by another person or entity, on a regular basis, for the household		
8	expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your		
	spouse if Column B is completed.	\$ 0.00	\$
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9.		
	However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A		
9	or B, but instead state the amount in the space below:		
	Unemployment compensation claimed to		
	be a benefit under the Social Security Act   Debtor \$ 0.00   Spouse \$	\$ 0.00	\$
	Income from all other sources. Specify source and amount. If necessary, list additional sources		
	on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate		
	maintenance. Do not include any benefits received under the Social Security Act or payments		
10	received as a victim of a war crime, crime against humanity, or as a victim of international or		
10	domestic terrorism.		
	Debtor Spouse		
	b. \$ \$		
	Total and enter on Line 10	\$ 1,062.00	s
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if		
	Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 16,062.00	\$

Total Current Monthly Income for § 707(b)(7). If Column B has been completed, Column A to Line 11, Column B, and enter the total. If Column B has not been conthe amount from Line 11, Column A.	add Line 11, npleted, enter \$		16,062.00
Part III. APPLICATION OF § 707(b)(7) E	XCLUSION		
Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from enter the result.	Line 12 by the number 12 and	\$	192,744.00
Applicable median family income. Enter the median family income for the applical (This information is available by family size at www.usdoj.gov/ust/ or from the clerk	ble state and household size.  c of the bankruptcy court.)		
a. Enter debtor's state of residence: NJ b. Enter debtor's housel	nold size: 2	\$	71,744.00
The amount on Line 13 is less than or equal to the amount on Line 14. Check top of page 1 of this statement, and complete Part VIII; do not complete Parts IV	the box for "The presumption V, V, VI or VII.	does n	ot arise" at the
	Column A to Line 11, Column B, and enter the total. If Column B has not been conthe amount from Line 11, Column A.  Part III. APPLICATION OF § 707(b)(7) E.  Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from enter the result.  Applicable median family income. Enter the median family income for the applical (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk a. Enter debtor's state of residence:  NJ  b. Enter debtor's housed Application of Section 707(b)(7). Check the applicable box and proceed as directed top of page 1 of this statement, and complete Part VIII; do not complete Parts IV.	Part III. APPLICATION OF § 707(b)(7) EXCLUSION  Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.  Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  a. Enter debtor's state of residence:  NJ  b. Enter debtor's household size:  2  Application of Section 707(b)(7). Check the applicable box and proceed as directed.	Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.  Part III. APPLICATION OF § 707(b)(7) EXCLUSION  Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.  Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  a. Enter debtor's state of residence:  NJ  b. Enter debtor's household size:  2  \$ Application of Section 707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	2011,101		s statement omy ir required	· (Occ Dine 13.)		
	Part IV. CALCULATION OF C	CURREN	T MONTHLY INCON	<b>1E FOR § 707(b)(2</b>	2)	
16	Enter the amount from Line 12.				\$	16,062.00
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.					
	a.		\$			
	b. c.		\$ \$			
	d.		\$			
	Total and enter on Line 17		-	<b>,</b>	\$	0.00
18	Current monthly income for § 707(b)(2). Subtract	t Line 17 fr	om Line 16 and enter the res	ılt.	\$	16,062.00
	Part V. CALCULATION	ON OF D	EDUCTIONS FROM	INCOME		
	Subpart A: Deductions unde	r Standar	ds of the Internal Revenu	ie Service (IRS)		
19A	9A National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$	985.00	
National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.  Household members under 65 years of age  Household members 65 years of age or older						
	al. Allowance per member	60 a2.	Allowance per member	144		
	b1. Number of members	<b>2</b> b2.	Number of members	0		
	cl. Subtotal 120	.00 c2.	Subtotal	0.00	\$	120.00
20A	Local Standards: housing and utilities; non-mor Utilities Standards; non-mortgage expenses for the available at www.usdoj.gov/ust/ or from the clerk o	applicable of	ounty and household size. (		\$	582.00

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy or Monthly Payments for any debts secured by your home, as stated in L the result in Line 20B. Do not enter an amount less than zero.				
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,093.00			
	b. Average Monthly Payment for any debts secured by your	\$ 4,033.44			
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$ 4,033.44 Subtract Line b from Line a.	ıtı.	0.00	
			3	0.00	
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entited Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	s	0.00	
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.				
22A	Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	□ 0 ■ 1 □ 2 or more.				
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the	"Operating Costs" amount from IRS Local applicable Metropolitan Statistical Area or	an a		
	Census Region. (These amounts are available at www.usdoj.gov/ust/		\$	299.00	
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
	Local Standards: transportation ownership/lease expense; Vehicle 1.Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)				
23	■ 1 □ 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from th (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptey of Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 23. Do not enter an amount less than zero.				
		\$ 496.00			
	Average Monthly Payment for any debts secured by Vehicle b. 1. as stated in Line 42	\$ 0.00			
	c. Net ownership/lease expense for Vehicle I	Subtract Line b from Line a.	is erage enter   3.00   3.44   \$   \$   \$   \$   \$   \$   \$   \$   \$	496.00	
	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average				
24	Monthly Payments for any debts secured by Vehicle 2, as stated in Li the result in Line 24. Do not enter an amount less than zero.	ne 42; subtract line o from line a and enter			
	a. IRS Transportation Standards, Ownership Costs	\$ 0.00			
	Average Monthly Payment for any debts secured by Vehicle	p			
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	\$ 0.00 Subtract Line b from Line a.		0.00	
			1-2	0.00	
25	Other Necessary Expenses: taxes. Enter the total average monthly estate and local taxes, other than real estate and sales taxes, such as inc				
	security taxes, and Medicare taxes. Do not include real estate or sale		\$	4,776.83	
	Other Necessary Expenses: involuntary deductions for employme	nt. Enter the total average monthly payroll			
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs.  Do not include dispersionary amounts, such as voluntary 401(k) contributions.				

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27	Other Necessary Expenses: life insurance. Enter life insurance for yourself. Do not include prem any other form of insurance.	er total average monthly premiums that you actually pay for term iums for insurance on your dependents, for whole life or for	\$	0.00
28	Other Necessary Expenses: court-ordered pays pay pursuant to the order of a court or administrat include payments on past due obligations inclu	\$	8,866.60	
29	Other Necessary Expenses: education for empl the total average monthly amount that you actuall education that is required for a physically or ment providing similar services is available.	s	0.00	
30	Other Necessary Expenses: childcare. Enter the childcare - such as baby-sitting, day care, nursery	\$	0.00	
31	health care that is required for the health and welf	the total average monthly amount that you actually expend on a care of yourself or your dependents, that is not reimbursed by a that is in excess of the amount entered in Line 19B. Do not h savings accounts listed in Line 34.	\$	0.00
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.		\$	16,125.43
	Note: Do not include an	Iditional Living Expense Deductions sy expenses that you have listed in Lines 19-32	<del>I'' '' '</del>	
34	Health Insurance, Disability Insurance, and Health entered the categories set out in lines a-c below that are redependents.	ealth Savings Account Expenses. List the monthly expenses in easonably necessary for yourself, your spouse, or your		
54	a. Health Insurance	\$ 0.00		
	b. Disability Insurance	\$ 0.00		
	c. Health Savings Account	\$ 0.00	\$	0.00
	Total and enter on Line 34.			
	If you do not actually expend this total amount below:  \$	t, state your actual total average monthly expenditures in the space		
35	Continued contributions to the care of househor expenses that you will continue to pay for the real	old or family members. Enter the total average actual monthly sonable and necessary care and support of an elderly, chronically other of your immediate family who is unable to pay for such	\$	0.00
36	actually incurred to maintain the safety of your fa	al average reasonably necessary monthly expenses that you mily under the Family Violence Prevention and Services Act or expenses is required to be kept confidential by the court.	\$	0.00
37	Home energy costs. Enter the total average mon Standards for Housing and Utilities, that you actu trustee with documentation of your actual expe claimed is reasonable and necessary.	\$	0.00	
38	actually incur, not to exceed \$147.92* per child, f school by your dependent children less than 18 yo documentation of your actual expenses, and you	s than 18. Enter the total average monthly expenses that you or attendance at a private or public elementary or secondary ears of age. You must provide your case trustee with ou must explain why the amount claimed is reasonable and		
	necessary and not already accounted for in the	IND Sumurus.	\$	0.00

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to casses commenced on or after the date of adjustment

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	35.00	
40			Enter the amount that you will continganization as defined in 26 U.S.C. § 1			e form of cash or	\$	0.00
41	Total	Additional Expense Deductions	s under § 707(b). Enter the total of L	ines	34 through 40		\$	35.00
		Sı	ubpart C: Deductions for Del	ot F	Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment,							
		Name of Creditor	Property Securing the Debt	A	verage Monthly Payment	Does payment include taxes or insurance?		
	a.	Chase Manhattan Mortgage	48 S. New York Road, Suite C1, Galloway, NJ Jointly Owned with Spouse. Debtor has 1/2 interest	\$	1,753.68	■yes □no		
	b.	Galloway Township Tax Collector	48 S. New York Road, Suite C1, Galloway, NJ Jointly Owned with Spouse. Debtor has 1/2 interest	\$	617.66	□yes ■no		į
	c.	Wells Fargo Home Mortgage	6 Lake Drive, Linwood, NJ In Debtor's Name Only.	\$	4,033.44	■yes □no		
				·	Total: Add Lines		\$	6,404.78
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.  Name of Creditor  Property Securing the Debt  1/60th of the Cure Amount aNONE-					e	0.00	
						otal: Add Lines	\$	0.00
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						\$	19.92
	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.							
45	a. b.	issued by the Executive Office	apter 13 plan payment. trict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	\$   x		8.80		
	c.	Average monthly administrative	ve expense of Chapter 13 case	To	otal: Multiply Lin	es a and b	\$	0.00
46	Tota	l Deductions for Debt Payment.	Enter the total of Lines 42 through 4:	5.			\$	6,424.70
		Sı	ıbpart D: Total Deductions f	ron	n Income			
47	Tota	l of all deductions allowed unde	r § 707(b)(2).Enter the total of Lines	33,	41, and 46.		\$	22,585.13
		Part VI. DE	TERMINATION OF § 707(I	)(2	) PRESUMP	TION		

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48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))		\$	16,062.00		
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))		\$	22,585.13		
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the	esult.	S	-6,523.13		
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the numbersult.	per 60 and enter the	\$	-391,387.80		
	Initial presumption determination. Check the applicable box and proceed as directed.					
52	■ The amount on Line 51 is less than \$7,025. Check the box for "The presumption does no statement, and complete the verification in Part VIII. Do not complete the remainder of Part V		age I of	this		
	☐ The amount set forth on Line 51 is more than \$11,725*Check the box for "The presump statement, and complete the verification in Part VIII. You may also complete Part VII. Do not ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*.Complete the re	complete the remain	der of Pa	ırt VI.		
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and er	nter the result	\$			
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page I of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page I of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description	Monthly Amou	nt			
	a.     S     S     S		$\dashv$			
	c. \$		┪			
	d. \$			1		
	Total: Add Lines a, b, c, and d \$					
	Part VIII. VERIFICATION					
57	I declare under penalty of perjury that the information provided in this statement is true and correct. (18) this is a joint case, both debtors must sign.)  Date: August 19, 2010 Signature: 151 Craig S. Pechalsky					

## Craig S. Puchalsky (Debtor)

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.